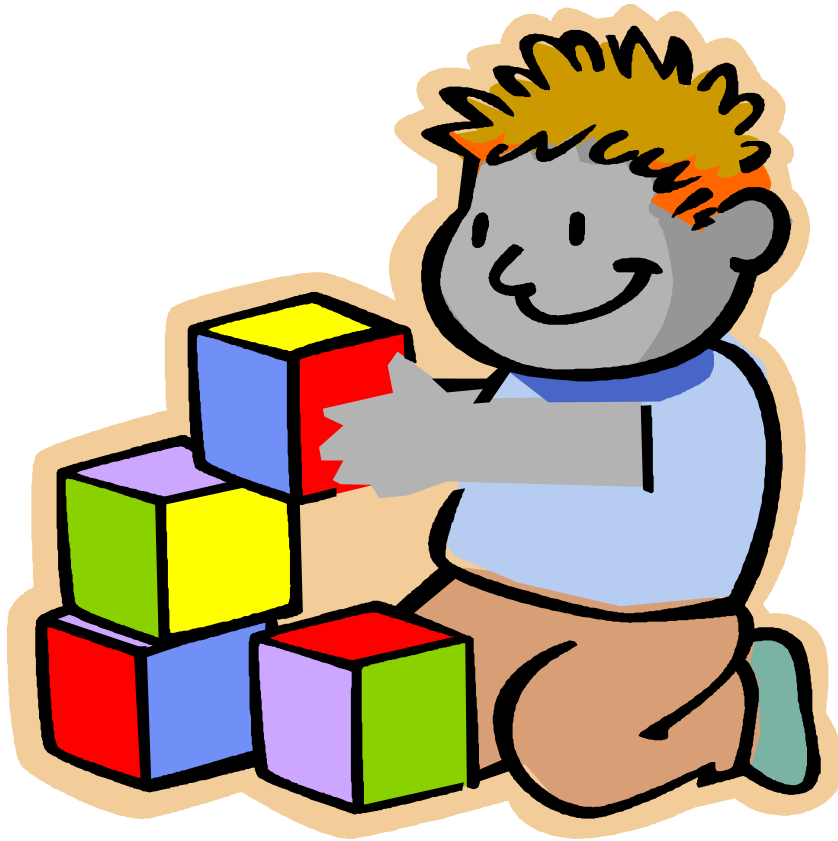


WISCONSIN DAY CARE IMMUNIZATION ASSESSMENT 2011-12



Wisconsin Department of Health Services
Division of Public Health
Bureau of Communicable Diseases and Emergency Response
Wisconsin Immunization Program

The purpose of this booklet is to provide an explanation of the Student Immunization Law as it applies to day care centers and to provide all the forms necessary to comply with the law. Included are the forms:

1. To assess immunization levels.
 - Immunization Tally / Assessment Form, F-44019A
2. To apply sanctions to parents of non-compliant children.
 - Legal Notice, F-44001
3. To report non-compliant children to the district attorney.
 - Day Care Center Report to the District Attorney, F-44215
4. To be provided to parents of children to be enrolled.
 - Day Care Immunization Record, F-44192

The Wisconsin Student Immunization Law requires day care centers to submit an immunization self-assessment report. The data from this report provides immunization levels of vaccines required by the Student Immunization Law. The ultimate goal is the maintenance of a healthy environment in all day care centers free of vaccine preventable disease through immunizations.

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Scott Walker
Governor

Dennis G. Smith
Secretary



State of Wisconsin

Department of Health Services

DIVISION OF PUBLIC HEALTH

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

608-266-1251
FAX: 608-267-2832
TTY: 888-701-1253
dhs.wisconsin.gov

Date: January 2012

To: Licensed Day Care Center Operators

From: Daniel Hopfensperger, Director
Immunization Program

A handwritten signature in black ink, reading "Dan Hopfensperger".

Subjects: 2011-2012 Immunization Assessment (survey)

Enclosed are the materials for the 2011-2012 Immunization Assessment.

You can submit information on immunized children in your day care to the Wisconsin Immunization Program on-line, by fax or mail. Please see the Assessment Instructions included in this booklet.

Immunization Assessment (survey)

The information on immunized children that you summarize on the Immunization Tally / Assessment Form (formerly the Scan Form) that is found in this booklet should be submitted on-line at: <http://tinyurl.com/8ycf2e4>. If your center does not have a computer with an internet connection you may be able to use one located at your local public library. If that is not possible, please submit the Immunization Tally / Assessment Form either by fax (608-267-9493) or mail it to the: Wisconsin Immunization Program, P.O. Box 2659, Madison WI 53701-2659. Please also remember to send a copy to your local health department and keep a copy for your records. A list of local health department addresses is included in this booklet.

The assessment **due date is February 10, 2012.**

All of the forms found in this booklet can be downloaded from the Immunization Program web site at: <http://dhfs.wisconsin.gov/immunization/index.htm>.

If you have any problems, questions or need assistance, please contact your local health department or nearest Immunization Program Advisor listed below.

Eau Claire
Jim Zanto
715-836-2499
james.zanto@wi.gov

Green Bay
Susan Nelson
920-448-5231
susanL.nelson@wi.gov

Madison
Wilmot Valhmu
608-266-0008
wilmot.valhmu@wi.gov

Milwaukee
Jacqueline Sills-Ware
414-227-4876
jacqueline.sillsware@wi.gov

Milwaukee
Cathy Edwards
414-227-3995
cathy.edwards@wi.gov

Rhineland
Jane Dunbar
715-365-2709
jane.dunbar@wi.gov

Thank you for your continued cooperation.

cc: DCFS Licensing, Local Health Departments

Immunization Law Clarification

- **Electronic Immunization Record:** Written evidence of immunization can be either the Day Care Immunization Record or an electronic immunization records. However, parents who choose to waive an immunization are still required to sign a waiver on the Day Care Immunization Record or the hard copy of an electronic record.
- **Day Care vs School:** School assessments measure compliance with the immunization law. Children “enrolled” in early education programs within the school should be reported as part of the school report. If a “licensed” child care center is located in the school they will be assessed separate from the schools through this mailing
- **4-day grace period:** The Student Immunization Law allows a 4-day grace period for 3 required, age-dependent vaccines in day care centers. These vaccines include the 1st dose of MMR vaccine after the 1st birthday, a dose of Hib vaccine after the 1st birthday, and a dose of DTaP/DT vaccine after the 4th birthday for kindergarteners. The 4-day grace period means a child is compliant with the immunization law if the dose of any of these vaccines was received 4 days or less before the date it was required.
- **Valid doses:** Vaccines in a series are recommended at certain time intervals. However, the Student Immunization Law does not address the issue of spacing of vaccines. Therefore, the number of doses, including those that may be improperly spaced, can be counted toward compliance with the Student Immunization Law. A print out of an immunization record from the Wisconsin Immunization Registry may display a vaccine marked "invalid" which is acceptable under the law. Invalid doses are usually due to improper spacing of vaccines. The only spacing requirement in the law is that the first dose of MMR vaccine and a dose of Hib vaccine must be received after the 1st birthday and a dose of DTaP/DT vaccine must be received after the 4th birthday for children entering kindergarten.
- **Glossary of required vaccines**

DT	Diphtheria, Tetanus vaccine (pediatric type)
DTaP	Diphtheria, Tetanus, acellular Pertussis vaccine
DTP	Diphtheria, Tetanus, Pertussis vaccine (no longer available)
Hep B	Hepatitis B vaccine
Hib	Haemophilus influenzae type b vaccine
PCV	Pneumococcal Conjugate Vaccine
Polio	IPV, Inactivated Polio vaccine (injectable type). OPV, Oral Polio Vaccine is no longer available in the United States
MMR	Measles, Mumps, Rubella vaccine
Varicella	Chickenpox vaccine
- **Vaccine Trade Names** - A health care provider may administer a required vaccine and only provide the parent with a note listing a vaccine trade name rather than spelling out the specific type of vaccine received. The following is a list of commonly used vaccines and their manufacturer's trade names to help you "translate" should this happen. Vaccine types that have more than one trade name listed, (e.g. DTaP vaccine), represent different vaccine

manufacturers.

<u>Vaccine Type</u>	<u>Trade Name</u>
DTaP	Tripedia®
DTaP	Infanrix®
DTaP	DAPTACEL®
DTaP	ACEL-IMMUNE® (no longer available)
DTaP+Hib (combined vaccine)	TriHIBit® (licensed for the 4 th dose only)
DTaP+Hep B+IPV (combined vaccine)	Pediarix®
DTaP+Hib+IPV (combined vaccine)	Pentacel®
DTaP + IPV (combination)	KINRIX™
Hepatitis B	ENGRIX B®
Hepatitis B	RECOMBIVAX®
Hepatitis B+Hib (combined vaccine)	Comvax®
Hib	PedvaxHIB® (sometimes noted as PRP-OMP)
Hib	HibTITER® (no longer available)
Hib	ActHIB® (sometimes noted as PRP-T)
Hib	Hiberix®
Inactivated Polio Vaccine (IPV)	IPOL®
MMR+Varicella (combined vaccine)	ProQuad®
Pneumococcal conjugate vaccine	Prevnar® (also noted as PCV)
Td	DECAVAC® (7 years and older)
Tdap	BOOSTRIX® (10 years and older)
Tdap	ADACEL® (11 years and older)
Varicella (chickenpox)	Varivax®

- **“After school” day care center located in a elementary school** – Students in elementary schools are required to have DTP/DTaP/DT/Td, polio, MMR, Hepatitis B and varicella (or history of chickenpox) vaccines. Information about these vaccines are submitted to the school by parents on a Student Immunization Record. Children who are enrolled in an "after school" day care are to have a Day Care Immunization Record (F-44192) on file. However, if an "after school" day care center is located in an elementary school and only children from that school attend that day care, the existing Student Immunization Records for those children can be used. There is no need for a duplicate Day Care Immunization Record. This only applies if the "after school" day care center director has access to the school's Student Immunization Records for children enrolled in the day care center. Any child enrolled in the day care center from a different school or school district would be required to submit the Day Care Immunization Record.

Assessment Instructions (Survey)
Due date February 10, 2012

This assessment should include children currently enrolled in your day care center who are 2 through 4 years of age.

Step 1: Use the Immunization Tally / Assessment Form (form # F-44091A) found in this booklet

- Remove the Immunization Tally / Assessment Form from this booklet.
- Answer the two bulleted questions that best describe your day care.
- Question 1, indicate the total number of children who are 2 through 4 years of age and currently enrolled in your day care.

Collect the Day Care Immunization Records of each child 2 through 4 years of age:

- Question 2, indicate the number of children who do not have an Immunization Record on file at your center.
- Question 3, indicate the number of children with any waivers (health, religious or personal conviction).
- Questions 4-10, review each child's Immunization Record by vaccine type. Put a tally or check mark (✓) in the area provided if the child received the required number of doses of the vaccine. For example, if a child received 1 dose of MMR vaccine put a check mark on the MMR line. If the child did not receive MMR vaccine do not put a check mark. A "dose" of a vaccine is a date listed on the immunization record. Please note that some shots may contain 2 or more vaccines in one. For example, the vaccine called "Comvax" contains both Hib and hepatitis B vaccines and should be counted in both the hepatitis B and Hib rows on the Immunization Tally / Assessment Form.
- Add up the number of tally or check marks for each vaccine type and put that number in the "Total" line.

Step 2: Submit the Immunization Information

- To the Wisconsin Immunization program one of three ways:
 - On-line using the survey link at: <http://tinyurl.com/8ycf2e4> or
 - FAX the Immunization Tally / Assessment Form to 608-267-9493 or
 - Mail a copy of the Immunization Tally / Assessment Form to the Wisconsin Immunization Program, PO Box 2659, Madison WI 53701-2659.
- To your local health department: Mail a copy of the Immunization Tally / Assessment Form to your local health department. A listing of local health department addresses is included in this booklet.

Keep a copy for your records

Thank you.

Immunization Tally / Assessment Form

See Instructions included in this booklet for completing this form.

License number (printed on label) _____ Day Care Name _____

Address _____ City/Zip _____

County _____

Phone _____ Director's Name _____

- Is your day care closed? ☐ YES ☐ NO (If YES, stop, and return)
- Are children ages 2 thru 4 years enrolled in your day care? ☐ Yes ☐ No (If NO, stop and return).

- 1) How many children ages 2 thru 4 years are enrolled in your day care? _____
- 2) Of children ages 2 thru 4 years, how many do not have an immunization record? _____
- 3) Of children ages 2 thru 4 years, how many have any waivers? _____

Of children ages 2 years thru 4 years, how many have received at least :		
	Tally or check marks (√) one mark per child	Total
4) 4 doses of DTP/ DTaP /DT vaccine?		
5) 3 doses of Polio vaccine?		
6) 3 doses of Hib vaccine?		
7) 3 doses of PCV *?		
8) 3 doses of Hepatitis B vaccine?		
9) 1 dose of MMR vaccine?		
10) 1 dose of Varicella vaccine?		

* PCV means pneumococcal conjugate vaccine

Thank you

DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the day care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2	List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (4) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.					
	TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
	Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
	Polio					
	Hib (Haemophilus <i>Influenzae</i> Type B)					
	Pneumococcal Conjugate Vaccine (PCV)					
	Hepatitis B					
	Measles-Mumps-Rubella (MMR)					
	Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					
	Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known. <input type="checkbox"/> Yes year _____ (Vaccine is not required) <input type="checkbox"/> No or Unsure (Vaccine is required)					

REQUIREMENTS

STEP 3	The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.							
	AGE LEVELS	NUMBER OF DOSES						
	5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
	16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³	
	2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³	1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³	2 Varicella	
¹ If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable). ² If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required. ³ MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1 st birthday is also acceptable). ⁴ Children entering kindergarten must have received one dose after the 4 th birthday (either the 3 rd , 4 th or 5 th) to be compliant (Note: a dose 4 days or less before the 4 th birthday is also acceptable).								

COMPLIANCE DATA AND WAIVERS

STEP 4	IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the day care center), OR	
	IF THE CHILD <u>DOES NOT</u> MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).	
	<input type="checkbox"/> Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child WITHIN ONE YEAR and to notify the day care center in writing as each dose is received.	
	NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.	
	<input type="checkbox"/> For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)	
_____ Physician's Signature Required		
<input type="checkbox"/> For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)		
<input type="checkbox"/> For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):		

SIGNATURE

STEP 5	To the best of my knowledge this form is complete and accurate.	
	SIGNATURE - Parent, Guardian or Legal Custodian	Date Signed

LEGAL NOTICE

Required Immunizations for Admission to Wisconsin Day Care Centers

To the Parent, Guardian or Legal Custodian of _____

The Wisconsin Student Immunization Law requires that all children in day care centers meet a minimum number of required immunizations. These requirements can be waived only for health, religious or personal conviction reasons. According to our records, your child is not compliant because either a record is not on file at the center or an immunization is needed (see reason for noncompliance as marked below). To remain compliant with the law, please provide the month, day and year your child received the required immunization (s) on the attached Day Care Immunization Record or select one of the waiver options prior to _____ (Date). Failure to do so may result in a fine of up to \$25 per day or possible exclusion from the day care center.

In past years, thousands of Wisconsin children caught diseases such as measles, pertussis (whooping cough) and rubella, and many were left with severe disabilities. The Student Immunization Law was passed to keep these and other vaccine-preventable diseases from harming the health of our children.

Reason for noncompliance:

☐ **No Record** at Day Care Center

Your child needs the following checked vaccine(s):

DTP/DTaP/DT/Td

- ☐ 1st Dose
- ☐ 2nd Dose
- ☐ 3rd Dose
- ☐ 4th Dose
- ☐ 5th Dose

Polio

- ☐ 1st Dose
- ☐ 2nd Dose
- ☐ 3rd Dose
- ☐ 4th Dose

Hib

- ☐ 1st Dose
- ☐ 2nd Dose
- ☐ 3rd Dose

PCV*

- ☐ 1st Dose
- ☐ 2nd Dose
- ☐ 3rd Dose

Hepatitis B

- ☐ 1st Dose
- ☐ 2nd Dose
- ☐ 3rd Dose

MMR

- ☐ 1st Dose
- ☐ 2nd Dose

Varicella (chickenpox)**

- ☐ 1st Dose

* PCV means pneumococcal conjugate vaccine

** If your child already had chickenpox disease, varicella vaccine is not required. Check "yes" to the chickenpox disease question on the attached Day Care Immunization Record and enter the date of disease if known.

Your immediate cooperation is appreciated.

SIGNATURE – DAY CARE OFFICIAL DATE SIGNED

Day Care Center: Please be sure to attach a blank Day Care Immunization Record (F-44192).

Day Care Center Report to the District Attorney

Name of Day Care Center Address City/Town

Telephone Person Completing Form Date

The following children are not in compliance with the Student Immunization Law, ss 252.04 and, as required under the law, we are notifying your office so that legal action may be taken.

Name of child	Date of Birth	Parent's Name	Address	Phone	Date Parent Notified	Noncompliance (✓)		Vaccine(s) Needed
						No Record	Behind Schedule	

DEPARTMENT NAME	ADDRESS	P O BOX	CITY	ZIP CODE
Adams County Public Health Department	108 E. North St.		Friendship	53934
Appleton City Health Department	100 North Appleton Street		Appleton	54911-4799
Ashland County Hlth & Human Services	630 Sanborn Avenue		Ashland	54806
Barron County Health Department	330 E. LaSalle Avenue		Barron	54812
Bayfield County Health Department	117 E. Fifth St.		Washburn	54891
Brown County Health Department	610 S. Broadway St.	P O Box 23600	Green Bay	54305-3600
Buffalo County Hlth & Human Serv Dept.	407 S. Second St.	P O Box 517	Alma	54610-0517
Burnett County Health Department	7410 County Road K, #280		Siren	54872-9043
Caledonia/Mt. Pleasant Health Department	10005 Northwestern Ave., Suite A		Franksville	53126
Calumet County Health Department	206 Court Street		Chilton	53014-1198
Chippewa County Dept of Public Health	711 North Bridge St., Rm 222		Chippewa Falls	54729
Clark County Health Department	517 Court St., Rm 105		Neillsville	54456
Columbia County Health Department	2652 Murphy Rd.	P O Box 136	Portage	53901
Crawford County Health Department	225 N. Beaumont Rd., Suite 306		Prairie du Chien	53821
Cudahy Health Department	5050 South Lake Drive	P O Box 100380	Cudahy	53110-6106
Dane County-Madison Public Health Dept	2705 East Washington Ave		Madison	53704-5002
DePere Department of Public Health	335 S. Broadway		DePere	54115-2593
Dodge County Health Department	143 East Center Street		Juneau	53039-1373
Door County Health Department	421 Nebraska Street		Sturgeon Bay	54235-0670
Douglas County Health Department	1316 N. 14 th St., Suite 324		Superior	54880
Dunn County Health Department	800 Wilson Avenue		Menomonie	54751
Eau Claire City/County Health Department	720 Second Avenue		Eau Claire	54703
Florence County Health Department	501 Lake Avenue	P O Box 17	Florence	54121
Fond du Lac County Health Department	160 South Macy Street, 3 rd Floor		Fond du Lac	54935-4241
Forest County Health Department	200 E. Madison Street		Crandon	54520
Franklin Health Department	9229 West Loomis Road		Franklin	53132
Grant County Health Department	111 S. Jefferson		Lancaster	53813
Green County Health Department	N3150 Highway 81		Monroe	53566
Green Lake County Dept of Hlth & Human Srvs	500 Lake Steel Street	P O Box 588	Green Lake	54941-9719
Greendale Health Department	5650 Parking Street		Greendale	53129
Greenfield Health Department	7325 West Forest Home Avenue		Greenfield	53220
Hales Corners Health Department	5635 South New Berlin Road		Hales Corners	53130
Iowa County Health Department	303 W. Chapel St., Suite 2200		Dodgeville	53533
Iron County Health Department	502 Copper Street		Hurley	54534
Jackson County Hlth & Human Services	420 Hwy 54 West	P O Box 457	Black River Falls	54615
Jefferson County Health Department	1541 Annex Road		Jefferson	53549
Juneau County Health Department	220 East State St., Rm 104		Mauston	53948
Kenosha County Division of Health	8600 Sheridan Rd., Suite 600		Kenosha	53143
Kewaunee County Health Department	810 Lincoln Street		Kewaunee	54216

DEPARTMENT NAME	ADDRESS	P O BOX	CITY	ZIP CODE
LaCrosse County Health Department	300 North Fourth Street		LaCrosse	54601-3299
Lafayette County Health Department	729 Clay Street	P O Box 118	Darlington	53530
Langlade County Health Department	1225 Langlade Road		Antigo	54409
Lincoln County Health Department	607 North Sales Street		Merrill	54452-1637
Madison-Dane County Public Health Dept.	2705 East Washington Ave		Madison	53704-5002
Manitowoc County Health Department	823 Washington Street		Manitowoc	54220-4577
Marathon County Health Department	1000 Lake View Drive, Rm 100		Wausau	54403-6785
Marinette County Health Department	2500 Hall Avenue, Suite C		Marinette	54143-1604
Marquette County Health Department	428 Underwood Avenue	P O Box 181	Montello	53949-0181
Menasha City Health Department	226 Main Street		Menasha	54952-3190
Menominee County Human Services	W3272 Wolf River Rd.	P O Box 280	Keshena	54135-0280
Milwaukee City Health Department	841 North Broadway, 3 rd Floor		Milwaukee	53202
Monroe County Health Department	14301 County Hwy B., Suite 18		Sparta	54656
Neenah Department of Public Health	211 Walnut Street	P O Box 426	Neenah	54957-0426
North Shore Health Department	4800 West Green Brook Drive		Brown Deer	53223-2496
Oak Creek Health Department	8640 South Howell Avenue		Oak Creek	53154-2948
Oconto County Health Department	501 Park Avenue		Oconto	54153-1612
Oneida County Health Department	Oneida County Courthouse	P O Box 400	Rhineland	54501
Oshkosh Health Department	215 Church Street	P O Box 1130	Oshkosh	54902-1130
Outagamie County Public Health Division	401 South Elm Street		Appleton	54911-5985
Ozaukee County Public Health Department	121 West Main Street	P O Box 994	Port Washington	53074-0994
Pepin County Health Department	740 Seventh Avenue West	P O Box 39	Durand	54736
Pierce County Health Department	412 West Kinne	P O Box 238	Ellsworth	54011
Polk County Health Department	100 Polk County Plaza, Suite 180		Balsam Lake	54810
Portage County Health & Human Services	817 Whiting Avenue		Stevens Point	54481
Price County Health Department	104 S. Eyder, Ground Floor		Phillips	54555
Racine City Health Department	730 Washington Avenue		Racine	53403
Richland County Health Department	221 West Seminary Street		Richland Center	53581
Rock County Public Health Department	3328 North US Highway 51	P O Box 1088	Janesville	53547-1088
Rock County Health Department South	61 Eclipse Center		Beloit	53511
Rusk County Health Department	311 Miner Avenue East, Suite C220		Ladysmith	54848
St. Croix County Dept of Hlth & Human Services	1445 North Fourth Street		New Richmond	54017-6004
St. Francis Health Department	4235 South Nicholson Avenue		St. Francis	53235
Sauk County Public Health Department	West Square Bldg., 505 Broadway		Baraboo	53913-2401
Sawyer County Dept. of Hlth & Human Services	10610 Main Street	P O Box 730	Hayward	54843-0730
Shawano County Health Department	311 North Main Street		Shawano	54166-2198
Sheboygan County Human Services	1011 North Eighth Street		Sheboygan	53081-4043
Shorewood Health Department	3930 North Murray Avenue		Shorewood	53211
South Milwaukee Health Department	2424 15 th Avenue		South Milwaukee	53172

DEPARTMENT NAME	ADDRESS	P O BOX	CITY	ZIP CODE
Taylor County Health Department	Courthouse G-50, 224 S. Second St		Medford	54451-1899
Trempealeau County Health Department	36245 Main Street	P O Box 67	Whitehall	54773
Vernon County Health Department	318 Fairlane Dr.	P O Box 209	Viroqua	54665-0209
Vilas County Health Department	330 Court Street-Courthouse		Eagle River	54521
Walworth County Health Department	W4051 Hwy NN	P O Box 1005	Elkhorn	53121
Washburn County Health Department	222 Oak Street		Spooner	54801
Washington County Health Department	333 East Washington St., Suite 1100		West Bend	53095
Watertown Department of Public Health	515 South First Street		Watertown	53094
Waukesha County Health Department	615 West Moreland Blvd		Waukesha	53188
Waupaca County Human Services Division	811 Harding Street		Waupaca	54981-2080
Waushara County Health Department	230 West Park Avenue	P O Box 837	Wautoma	54982-0837
Wauwatosa Health Department	7725 West North Avenue	P O Box 13068	Wauwatosa	53213-0068
West Allis Health Department	7120 West National Avenue		West Allis	53214
Western Racine County Health Department	156 East State Street		Burlington	53105
Winnebago County Health Department	725 Butler Avenue	P O Box 68	Winnebago	54985-0068
Wood County Health Department	Riverview Clinic Bldg, 4 th Fl. 420 Dewey St.	P O Box 8080	Wisconsin Rapids	54495-8080

Wisconsin Day Care Assessment Results
Day Care (including Head Start)
2007-2010

	2007	2008	2009¹	2010
No Record	4.0%	6.1%	1.0%	3.2%
Any Waivers	2.2%	0.3%	2.7%	2.9%
Polio (3 or more doses)	91.8%	89.5%	91.9%	90.8%
DTaP (4 or more doses)	90.7%	87.6%	90.6%	89.1%
MMR (1 dose)	92.5%	90.5%	92.6%	91.1%
Hib (3 or more doses)	93.3%	88.5% ²	88.3% ²	88.8%
PCV (3 or more doses)	NA	81.1%	88.0%	89.4%
Hep B (3 or more doses)	91.9%	89.2%	90.6%	90.5%
Varicella (1 dose)	89.4%	87.9%	89.6%	89.0%

Method: Mail-in immunization assessment reports from all licensed day care centers.

¹ A sample of daycare facilities were surveyed in 2009.

² The required doses of Hib vaccine among children aged 16 months through 4 years was temporally reduced from 3 doses to 2 doses due to the national shortage of Hib vaccine during calendar years 2008 and 2009.

WISCONSIN STATUTES

CHAPTER 252

COMMUNICABLE DISEASES

252.04 Immunization program. (1) The department shall carry out a statewide immunization program to eliminate mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis and other diseases that the department specifies by rule, and to protect against tetanus. Any person who immunizes an individual under this section shall maintain records identifying the manufacturer and lot number of the vaccine used, the date of immunization and the name and title of the person who immunized the individual. These records shall be available to the individual or, if the individual is a minor, to his or her parent, guardian or legal custodian upon request.

(2) Any student admitted to any elementary, middle, junior or senior high school or into any day care center or nursery school shall, within 30 school days, present written evidence to the school, day care center or nursery school of having completed the first immunization for each vaccine required for the student's grade and being on schedule for the remainder of the basic and recall (booster) immunization series for mumps, measles, rubella (German measles), diphtheria, pertussis (whooping cough), poliomyelitis, tetanus and other diseases that the department specifies by rule or shall present a written waiver under sub. (3).

(3) the immunization requirement is waived if the student, if an adult, or the student's parent, guardian or legal custodian submits a written statement to the school, day care center or nursery school objecting to the immunization for reasons of health, religion or personal conviction. At the time any school, day care center or nursery school notifies a student, parent, guardian or legal custodian of the immunization requirements, it shall inform the person in writing of the person's right to a waiver under this subsection.

(4) The student, if an adult, or the student's parent, guardian or legal custodian shall keep the school, day care center or nursery school informed of the student's compliance with the immunization schedule.

(5) (a) By the 15th and the 25th school day after the student is admitted to a school, day care center or nursery school, the school, day care center or nursery school shall notify in writing any adult student or the parent, guardian or legal custodian of any minor student who has not met the immunization or waiver requirements of this section. The notices shall cite the terms of those requirements and shall state that court action and forfeiture penalty could result due to noncompliance. The notices shall also explain the reasons for the immunization requirements and include information on how and where to obtain the required immunizations.

(b) 1. A school, day care center or nursery school may exclude from the school, day care center or nursery school any student who fails to satisfy the requirements of sub.(2).

2. Beginning on July 1, 1993, if the department determines that few than 98% of the students in a day care center, nursery school or school district who are subject to the requirements of sub. (2) have complied with sub. (2), the day care center or nursery school shall exclude any child who fails to satisfy the requirements of sub. (2) and the school district shall exclude any student enrolled in grades kindergarten to 6 who fails to satisfy the requirements of sub. (2).

3. Beginning on July 1, 1995, if the department determines that fewer than 99% of the students in a day care center, nursery school or school district who are subject to the requirements of sub. (2) have complied with sub. (2), the day care or nursery school shall exclude any student enrolled in grades kindergarten to 6 who fails to satisfy the requirements of sub. (2) and the

school district shall exclude any student enrolled in grades kindergarten to 6 who fails to satisfy the requirements of sub. (2).

4. No student may be excluded from public school under this paragraph for more than 10 consecutive school days unless, prior to the 11th consecutive school day of exclusion, the school board provides the student and the student's parent, guardian or legal custodian with an additional notice, a hearing and the opportunity to appeal the exclusion, as provided under s. 120.13(1)(c) 3.

(6) The school, day care center or nursery school shall notify the district attorney of the county in which the student resides of any minor student who fails to present written evidence of completed immunizations or a written waiver under sub. (3) within 60 school days after being admitted to the school, day care or nursery school. The district attorney shall petition the court exercising jurisdiction under ch. 48 for an order directing that the student be in compliance with the requirements of this section. If the court grants the petition, the court may specify the date by which a written waiver shall be submitted under sub. (3) or may specify the terms of the immunization schedule. The court may require an adult student or the parent, guardian or legal custodian of a minor student who refuses to submit a written waiver by the specified date or meet the terms of the immunization schedule to forfeit not more than \$25 per day of violation.

(7) If an emergency arises, consisting of a substantial outbreak as determined by the department by rule of one of the diseases specified in sub. (2) at a school or in the municipality in which the school is located, the department may order the school to exclude students who are not immunized until the outbreak subsides.

(8) the department shall provide the vaccines without charge, if federal or state funds are available for the vaccines, upon request of a school district or a local health department. The department shall provide the necessary professional consultant services to carry out an immunization program, under the requirements of sub. (9), in the jurisdiction of the requesting local health department. Persons immunized may not be charged for vaccines furnished by the department.

(9) (a) An immunization program under sub. (8) shall be supervised by a physician, selected by the school district or local health department, who shall issue written orders for the administration of immunizations that are in accordance with written protocols issued by the department.

(b) If the physician under par. (a) is not an employee of the county, city, village or school district, receives no compensation for his or her services under par.(a) and acts under par. (a) in accordance with written protocols issued by the department, he or she is a state agent of the department for the purposes of ss.165.25(6), 893.82(3) and 895.46.

(c) the department may disapprove the selection made under par.(a) or may require the removal of a physician selected.

(10) The department shall, by rule, prescribe the mechanisms for implementing and monitoring compliance with this section. The department shall prescribe, by rule, the form that any person immunizing a student shall provide to the student under sub. (1).

(11) Annually, by July, the department shall submit a report to the legislature under s.13.172(3) on the success of the statewide immunization program under this section.

History: 1993 a. 27 ss. 181.470

Published: July 30, 1975

Amended: May 20, 1980, April 26, 1982, May 16, 1988, May 3, 1990, May 1, 1992, April 16, 1996, June, 1997, May, 2001, August, 2003, February 2008.

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Chapter DHS 144

IMMUNIZATION OF STUDENTS

DHS 144.01 Introduction.
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DHS 144.06 Responsibilities of parents and adult students.
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Note: Chapter H 44 as it existed on June 30, 1981, was repealed and a new chapter HSS 144 was created, effective July 1, 1981. Chapter HSS 144 was renumbered chapter HFS 144 under s. 13.93 (2m) (b) 1., Stats., and corrections made under s. 13.93 (2m) (b) 1., 6. and 7., Stats., Register, June, 1997, No. 498. **Chapter HFS 144 was renumbered chapter DHS 144 under s. 13.92 (4) (b) 1., Stats., and corrections made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.**

DHS 144.01 Introduction. (1) PURPOSE AND AUTHORITY. The purpose of immunization is to prevent disease and suffering and any permanent disability resulting from the disease. These rules implement s. 252.04, Stats., which as public policy seeks to identify and immunize those students who are still susceptible to measles, mumps, rubella, polio, hepatitis B, varicella, diphtheria, tetanus and pertussis upon admission to an elementary, middle, junior or senior high school or a day care center, or *Haemophilus influenzae b* and pneumococcal infection upon admission to a day care center, in order to prevent transmission of these diseases.

(2) RELATIONSHIP TO INFANT AND PRESCHOOL IMMUNIZATION SCHEDULES. The emphasis placed in this chapter on meeting minimum immunization requirements upon entry to Wisconsin schools at any grade level or to a day care center complements efforts by the department to promote early immunization of infants and preschoolers according to accepted immunization schedules. Children immunized according to accepted immunization schedules will exceed the minimum requirements set forth herein for all ages and grades.

History: Cr. Register, June, 1981, No. 306, eff. 7-1-81; am. (1), Register, June, 1988, No. 390, eff. 7-1-88; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. (1), Register, June, 1997, No. 498, eff. 7-1-97; am. (1), Register, May, 2001, No. 545, eff. 6-1-01; CR 07-077: am. (1) Register February 2008 No. 626, eff. 3-1-08.

DHS 144.02 Definitions. (1) “Day care center” has the meaning prescribed in s. 48.65, Stats., and includes nursery schools that fit that definition.

(2) “Department” means the Wisconsin department of health services unless otherwise specified.

(3) “DTP/DTaP/DT/Td/Tdap” means any combination of diphtheria, tetanus, and pertussis vaccine; diphtheria, tetanus and acellular pertussis vaccine; pediatric type diphtheria and tetanus vaccine; adult type tetanus and diphtheria vaccine; or tetanus, reduced diphtheria and acellular pertussis vaccine.

(3g) “Hib” means *Haemophilus influenzae* type b vaccine.

(3m) “Hep B” means hepatitis B vaccine.

(3r) “Immunization” means the process of inducing immunity artificially by administering an immunobiologic.

(4) “Local health department” means any agency specified in s. 250.01 (4), Stats.

(4m) “MMR” means measles, mumps and rubella vaccine administered in combination or as separate vaccines.

(5) “Municipality” means any town, village, city or county.

(6) “Parent” means the parent, parents, guardian or legal custodian of any minor student.

(6m) “PCV” means pneumococcal conjugate vaccine.

(7) “Physician” means an individual possessing the degree of doctor of medicine or doctor of osteopathy or an equivalent degree as determined by the medical examining board under s. 448.05

(2), Stats., and holding a license granted by the medical examining board under s. 448.06, Stats.

(8) “School” means any public or private elementary, middle, junior or senior high school, which provides educational instruction to students in any grade kindergarten through 12, or in an ungraded educational setting, or to preschool children enrolled in early childhood programs.

(9) “School day” in reference to schools has the meaning prescribed in s. 115.01 (10), Stats. A school day for a day care center is any day that the center is open and caring for children.

(10) “Student” means any individual enrolled in a school or day care center or attending a school or day care center.

(11) “Subsided” in reference to substantial outbreak means passage of 2 incubation periods for the disease causing the outbreak without additional cases unless a shorter period of time is judged adequate by the department.

(12) “Substantial outbreak” means an occurrence of a vaccine-preventable disease covered by s. 252.04, Stats., in a given school, day care center or municipality with an incidence exceeding one of the following:

(a) For substantial outbreaks in a municipality, twice the incidence of that disease in the nation as a whole.

(b) For substantial outbreaks in a school or day care center population, the following absolute limits:

1. Measles, one case.
2. Mumps, 2% of the unvaccinated population.
3. Rubella, one case.
4. Polio, one case.
5. Pertussis, 2 cases in a 30-day period.
6. Diphtheria, one case.
7. *Haemophilus influenzae b*, one case in a day care center population.

(13) “Vaccine provider” means a health care facility, as defined in s. 155.01 (6), Stats., which administers vaccines, or a local health department or a physician’s office which administers vaccines.

(13m) “Var” means varicella vaccine. Varicella is commonly known as chickenpox.

(14) “Written evidence of immunization” means a paper or an electronic record of at least the month and year that each required dose of vaccine was administered or the results of a laboratory test indicating immunity to the disease. Students who have not previously attended a Wisconsin school must provide the month, day and year for each required dose of vaccine.

History: Cr. Register, June, 1981, No. 306, eff. 7-1-81; r. and recr. (12) (b), Register, June, 1988, No. 390, eff. 7-1-88; correction in (12) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. (3), cr. (3g), (3m), (3r), (4m) and (13), r. and recr. (4), (6), (7) and (12), renum. (13) to be (14), Register, June, 1997, No. 498, eff. 7-1-97; cr. (13m), Register, May, 2001, No. 545, eff. 6-1-01; CR 07-077: am. (3) and (14), cr. (6m) Register February 2008 No. 626, eff. 3-1-08; **correction in (2) made under s. 13.92 (4) (b) 6., Stats., Register January 2009 No. 637.**

DHS 144.03 Minimum immunization requirements.

(1) INDIVIDUALS INCLUDED. The minimum immunization requirements authorized by s. 252.04, Stats., apply to any student

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admitted to a Wisconsin elementary, middle, junior or senior high school or to a Wisconsin day care center.

(2) REQUIREMENTS FOR THE 2008–09 SCHOOL YEAR AND FOR SCHOOL YEARS FOLLOWING THE 2008–09 SCHOOL YEAR. (a) Table DHS 144.03–A as qualified by pars. (b) to (g) lists the number of doses of each required vaccine that each student in the 2008–09 school year and following school years shall have received since birth for the age or grade of the student. These comprise the mini-

mum basic and booster immunizations required under s. 252.04 (2), Stats. They do not, however, represent all the recommended immunizations for those individuals who begin immunizations in infancy and follow currently accepted immunization schedules.

(b) Immunization against measles, mumps and rubella shall have been received on or after the date of the first birthday. A dose received 4 days or less before the first birthday is acceptable.

Table 144.03–A
Required Immunizations for the 2008–09 School Year and
the Following School Years

Age/Grade	Required Immunizations (Number of Doses)					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio		2 Hep B	2 Hib	2 PCV ⁵
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	1 MMR	2 Hep B	3 Hib ⁴	3 PCV ⁵
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	1 MMR	1 Var	3 Hep B	3 PCV ⁵ 3 Hib ⁴
Kindergarten through grade 5	4 DTP/DTaP/DT/Td ¹	4 Polio	2 MMR	2 Var ³	3 Hep B	
Grade 6 through grade 8	4 DTP/DTaP/DT/Td	1 Tdap ²	4 Polio	2 MMR	2 Var ³	3 Hep B
Grade 9 through grade 12	4 DTP/DTaP/DT/Td	1 Tdap ²	4 Polio	2 MMR	2 Var ³	3 Hep B

¹ For kindergarten only, at least one dose to be received after 4 years of age unless medically contraindicated. A dose received 4 days or less before the fourth birthday is acceptable.

² A single dose, booster immunization against tetanus, diphtheria and pertussis is required on entrance to grades 6, 9 and 12, beginning with the 2008–09 school year. See sub. (3) for phase-in of other grades.

³ Two doses of Var vaccine are required on entrance to grades K, 6 and 12, beginning with the 2008–09 school year. See sub. (3m) for phase-in of other grades.

⁴ At least one dose to be received after 12 months of age unless medically contraindicated. A dose received 4 days or less before the first birthday is acceptable.

⁵ Required on entrance to a day care center, beginning with the 2008–09 school year.

(c) Exceptions may be made in requirements for the fourth dose of DTP/DT/DTaP/Td vaccine and the fourth dose of polio vaccine. Students who receive the third dose of either of these vaccines after their fourth birthday are not required to receive a fourth dose of that vaccine. A dose received 4 days or less before the 4th birthday is acceptable.

(d) For students in ungraded schools or students age 5 or older in day care centers, the immunization requirements are those for the grade which would normally correspond to the individual's age. Immunization against measles, mumps and rubella is also required for all students age 19 or older.

(e) Exceptions may be made in requirements for Hib vaccine. Students who began the Hib series at 12 to 14 months are only required to receive 2 doses at least 2 months apart. Students who received one dose of Hib at 15 months of age or after are not required to obtain additional doses. A dose received 4 days or less before 15 months of age is acceptable.

(f) Exceptions may be made in requirements for Var vaccine. Students who have a reliable history of varicella disease are not required to receive Var vaccine. A parent of a minor student or an adult student may indicate a reliable history of varicella by signing a statement that the student has had varicella disease.

(g) Exceptions may be made in requirements for the third dose of Hep B vaccine. Students who receive two doses of a licensed two-dose formulation of Hep B vaccine are not required to receive a third dose of Hep B vaccine.

(h) Exceptions may be made in requirements for PCV. Students who begin the PCV series at 12 to 23 months of age are only required to receive 2 doses at least 2 months apart. Students who receive their first dose of PCV at 24 months of age or after are not required to obtain additional doses. A dose received 4 days or less before 24 months of age is acceptable.

(i) Exceptions may be made in requirements for Tdap vaccine. Students who received a dose of tetanus or diphtheria containing vaccine within 5 years of entering a grade for which Tdap is required are not required to receive Tdap vaccine.

(3) TDAP VACCINE COVERAGE PHASE-IN. (a) Beginning with the 2008–09 school year, students entering grades 6, 9 and 12 shall have received Tdap vaccine in addition to the other required vaccines listed in Table DHS 144.03–A as qualified by sub. (2) (b) to (i).

(b) For the 2009–10 school year, the requirements for Tdap vaccine listed in par. (a) that apply to students in grades 6, 9 and 12 shall apply to students in grades 6, 7, 9, 10 and 12; and to students in grades 6 through 12 in 2010–11 and thereafter.

(3m) VAR VACCINE COVERAGE PHASE-IN. (a) Beginning with the 2008–09 school year, students entering grades K, 6 and 12 shall have received two doses of Var vaccine in addition to the other required vaccines listed in Table DHS 144.03–A as qualified by sub. (2) (b) to (i).

(b) For the 2009–10 school year, the requirements for two doses of Var vaccine listed in par. (a) that apply to students in

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grades K, 6 and 12 shall apply to students in grades K, 1, 6, 7 and 12; to students in grades K through 2, 6 through 8 and 12 in 2010–11; to students in grades K through 3, 6 through 9 and 12 in 2011–12; to students in grades K through 4, 6 through 10 and 12 in 2012–13; and to students in grades K through 12 in 2013–14 and thereafter.

(4) FIRST DEADLINE. Within 30 school days after having been admitted to a school or day care center, each student who has not filed a waiver form shall submit written evidence of having completed at least the first dose of each vaccine required for that student's age or grade, as outlined in Table DHS 144.03–A.

(5) SECOND DEADLINE. Within 90 school days after having been admitted to a school or day care center, each student who has not filed a waiver form shall submit written evidence of having received the second dose of each vaccine required for that student's age or grade, as outlined in Table DHS 144.03–A.

(6) FINAL DEADLINE. Within 30 school days after having been admitted to a school or day care center for the following school year, each student who has not filed a waiver form shall submit written evidence of having received the third and, if required, the fourth dose of both DTP/DTaP/DT/Td and polio vaccines and the final dose of Hep B in grades required under sub. (3) and, for students in day care centers, the final dose of Hib vaccine, if a dose has not been received at or after 15 months of age.

(7) RECORDS OF VACCINATION. Any person who immunizes a student under s. 252.04, Stats., shall maintain records identifying the manufacturer and lot number of the vaccine used, the date of immunization and the name and title of the person who immunized the student.

(10) RELEASE OF IMMUNIZATION INFORMATION. (a) *Between vaccine providers and schools or day care centers.* Vaccine providers shall disclose a student's immunization information, including the student's name, date of birth and gender and the day, month, year and name of vaccine administered, to a school or day care center upon written or verbal request from the school or day care center. Written or verbal permission from a student or parent is not required to release this information to a school or day care center.

(b) *Among vaccine providers.* Immunization information, including the student's name, date of birth and gender and the day, month, year and name of vaccine administered, shall be provided by one vaccine provider to another without written or verbal permission from the student or the parent.

History: Cr. Register, June, 1981, No. 306, eff. 7–1–81; r. and recr. (2) and (3), am. (4) to (6), Register, June, 1988, No. 390, eff. 7–1–88; am. (2) (a) to (d), (3) (a) and (b), r. (2) (e), Register, January, 1989, No. 397, eff. 2–1–89; am. (2) (a), (4) and (5), r. and recr. (3), tables 144.03–A and B, Register, July, 1990, No. 415, eff. 8–1–90; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; r. and recr. (2) (a), Table 144.03–A and (3), am. (2) (c) and (4) to (7), cr. (2) (e) and (10), r. Table 144.03–B, Register, June, 1997, No. 498, eff. 7–1–97; r. and recr. (2) (a) and Table 144.03–A, cr. (2) (f), (g) and (3m), am. (3) (a) and (6), Register, May, 2001, No. 545, eff. 6–1–01; CR 03–033: am. (2) (b), (c), (e) and Table 144.03–A Register December 2003 No. 576, eff. 1–1–04; CR 07–077: r. and recr. (2) (a), (f), (3), (3m) and Table–A, cr. (2) (h) and (i), am. (10) (a) and (b) Register February 2008 No. 626, eff. 3–1–08.

DHS 144.04 Waiver for health reasons. Upon certification by a licensed physician that an immunization required under s. 252.04, Stats., is or may be harmful to the health of a student, the requirements for that immunization shall be waived by the department. Written evidence of any required immunization which the student has previously received shall be submitted to the school or day care center with the waiver form.

History: Cr. Register, June, 1981, No. 306, eff. 7–1–81; correction made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476.

DHS 144.05 Waiver for reason of religious or personal conviction. Immunization requirements under s. 252.04, Stats., shall be waived by the department upon presentation of a signed statement by the parent of a minor student or by the adult student which declares an objection to immunization on religious or personal conviction grounds. Written evidence of any required

immunization which the student has previously received shall be submitted to the school or day care center with the waiver form.

History: Cr. Register, June, 1981, No. 306, eff. 7–1–81; correction made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. Register, June, 1997, No. 498, eff. 7–1–97.

DHS 144.06 Responsibilities of parents and adult students. The parent of any minor student or the student, if an adult, shall secure the immunizations required under s. 252.04, Stats., from available health care sources such as physicians' offices, hospitals or local health departments, or shall submit the waiver form.

History: Cr. Register, June, 1981, No. 306, eff. 7–1–81; correction made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. Register, June, 1997, No. 498, eff. 7–1–97.

DHS 144.07 Responsibilities of schools and day care centers. (1) The responsibilities of schools under these rules shall be those of the local school board and the school administrator. The licensee for each day care center shall be responsible for compliance with these rules. The school or day care center shall assure compliance with s. 252.04 (2), Stats.

(1m) By the 15th school day after a child or adult is admitted to a school or day care center and again by the 25th school day after a child or adult is admitted to a school or day care center, the school or day care center shall notify the adult student or the parent of any minor student who has not submitted either written evidence of immunization or a waiver form. Notification shall include instructions for complying with the requirements of s. 252.04 (2), Stats., including a list of missing immunizations, the availability of waivers for reasons of health, religion or personal conviction, and an explanation of the penalty for noncompliance.

(2) For any student who has received the first dose of each immunization required for that student's age or grade under s. DHS 144.03, but who has not received all of the required doses, the school shall obtain written evidence that the student has received the required subsequent doses of immunization as they are administered, but no later than the deadlines described in s. DHS 144.03.

(3) If any minor student for whom a waiver form is not filed fails to comply with the immunization requirements described in s. DHS 144.03 by the date of admission to the school or day care center, the school or day care center shall, within 60 school days of that failure to comply, notify the district attorney in writing, with the notice to include the student's name and the name and address of the student's parent, and request the district attorney to seek a court order under s. 48.13 (13), Stats. The school or day care center shall keep the district attorney apprised of the subsequent compliance of a student initially reported to the district attorney.

(4) (a) The school shall report to the local health department and the day care center shall report to both the local health department and the department:

1. The degree of compliance with s. 252.04, Stats., and this chapter by students in that school or day care center.

2. The name and immunization history of any incompletely immunized student, including those students with waivers and those students in the process of being immunized.

(b) These reports shall be in a format prescribed by the department and shall be made by schools within 40 school days after the beginning of the term and by day care centers at intervals prescribed by the department. Updated reports shall be filed by the school on students who are in the process of being immunized. These updated reports shall be filed within 10 school days after the deadlines listed in s. DHS 144.03.

(5) The school and the day care center shall maintain on file the immunization history for each student and any waiver form submitted. Immunization histories shall be updated with information supplied by the local health department, parents or private physicians.

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(6) The school or day care center shall maintain a current roster listing the name and immunization history of each student who does not meet all immunization requirements for that student's grade or age.

(7) The immunization record of any new student who transfers from one school or day care center to another shall be forwarded to the new school or day care center within 10 school days of the request for record transfer. The records of a day care student shall be transferred to a school if requested by either the admitting school or the parent.

(8) All suspected cases of diseases covered by s. 252.04 (2), Stats., or this chapter which occur among students or staff shall be reported immediately by telephone to the local health department.

(9) If one of the diseases covered by s. 252.04 (2), Stats., or this chapter occurs in a student or staff member, the school or day care center shall assist the local health department and the department in immediately identifying any unimmunized students, notifying their parents of the possible exposure and facilitating the disease control activities.

(10) If a substantial outbreak as defined in s. DHS 144.02 (12) occurs in a school or day care center, or in the municipality in which a school or day care center is located, the school or day care center shall exclude students who have not received all required immunizations against the disease, including students in all grades who have not had 2 doses of measles vaccine when it is an outbreak of measles that is occurring, when ordered to do so by the department. The exclusion shall last until the student is immunized or until the department determines that the outbreak has subsided.

History: Cr. Register, June, 1981, No. 306, eff. 7-1-81; am. (10), Register, July, 1990, No. 415, eff. 8-1-90; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; renum. (intro.) and (1) to be (1) and (1m) and am. (1m), am. (3), (4) (intro.), (a), (5) and (7) to (9), Register, June, 1997, No. 498, eff. 7-1-97.

DHS 144.08 Responsibilities of local health departments. (1) Each local health department shall make available the immunizations required under s. 252.04 (2), Stats., insofar as the vaccine is available without charge from the department under ch. DHS 146. Vaccines made available free from the department under ch. DHS 146 shall be administered without charge for the cost of the biologic. By mutual agreement, responsibility for making the needed immunizations available may be transferred from the local health department to a school or day care center.

(2) By November 15 of each year, each local health department shall report to the department statistical information concerning the degree of compliance with s. 252.04, Stats., of students within its service area. These reports shall be on a form prescribed by the department.

(3) The local health department shall assist the department in informing schools and day care centers of the provisions of s. 252.04, Stats., and this chapter.

History: Cr. Register, June, 1981, No. 306, eff. 7-1-81; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; am. Register, June, 1997, No. 498, eff. 7-1-97; corrections in (1) made under s. 13.92 (4) (b) 7., Stats., Register January 2009 No. 637.

DHS 144.09 Responsibilities of the department.

(1) (a) The department, in cooperation with local boards of health and health officers, local school boards and school and day care center administrators and other agencies, as appropriate, shall provide guidance to parents, physicians, schools and day care centers and local health departments in understanding the minimum immunization requirements under s. 252.04, Stats., and this chapter, the reasons behind their establishment and the process for implementing them.

(b) The department shall undertake a public education campaign to inform parents of students about requirements and rights under s. 252.04, Stats., and this chapter.

(c) The department shall prepare the reporting and waiver forms required under this chapter, and shall make copies of those forms available without charge.

Note: For copies of required reporting and waiver forms, write Immunization Program, Division of Health, P.O. Box 309, Madison, WI 53707-0309.

(d) The department may temporarily suspend an immunization requirement if the department determines that the supply of a necessary vaccine is inadequate.

(2) The department shall maintain a surveillance system designed to detect occurrences of vaccine-preventable diseases listed in s. 252.04 (2), Stats., and this chapter and shall investigate outbreaks of these diseases to confirm the diagnosis, determine the source and probable pattern of spread of the infection and guide implementation of appropriate control measures.

History: Cr. Register, June, 1981, No. 306, eff. 7-1-81; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1995, No. 476; r. and recr. Register, June, 1997, No. 498, eff. 7-1-97; CR 07-077: cr. (1) (d) Register February 2008 No. 626, eff. 3-1-08.

Mail Request to: **Wisconsin Immunization Program**
P. O. Box 2659
Madison, WI 53701-2659

Or Fax to: **608-267-9493**

Day Care Center

Street Address (No P.O. Boxes, please)

City	Zip code
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[illegible]

Quantity Requested

Publication Name/Number

Day Care Immunization Record (F-44192), English

Day Care Immunization Record (F-44192S), Spanish

**Protect for a Lifetime...Immunize pamphlet
(P-44059), English**

Protect for a Lifetime...Immunize pamphlet (P-44059S), Spanish

REGISTRO DE NMUNIZACIONES PARA GUARDERÍA INFANTIL

COMPLETE Y DEVUELVA A LA GUARDERÍA INFANTIL DENTRO DE 30 DÍAS (6 SEMANAS CALENDARIO) DESPUÉS DE LA ADMISIÓN. La ley estatal requiere que todos los niños que van a guarderías infantiles presenten evidencia de sus inmunizaciones contra algunas enfermedades dentro de 30 días escolares de ser admitidos. Estos requisitos pueden ser eliminados sólo si se presenta a la guardería una declaración de renuncia por motivos de salud, religiosos o creencias personales. Vea "Renuncia" más abajo. Si tiene alguna pregunta sobre las vacunas o cómo llenar esta forma comuníquese con la guardería de su hijo o con el departamento de salud local.

DATOS PERSONALES ESCRIBA CON LETRA DE MOLDE

PASO 1	Apellido, nombre, inicial del niño	Fecha de nacimiento (mes, día, año)	No. de teléfono
	Apellido, nombre, inicial del padre o madre/ tutor/ persona con custodia legal	Dirección, calle, apartamento ciudad, estado, código	

HISTORIA DE VACUNAS

PASO 2 Anote el MES, DÍA Y AÑO en que su hijo recibió cada una de las siguientes vacunas. NO USE EL SIGNO (✓) o (X), excepto para indicar si el niño tuvo varicela. Si usted no tiene un registro de vacunas de este niño, comuníquese con el médico o con la agencia de salud pública para obtener las fechas.

TIPO DE VACUNA	Primera dosis Mes/Día/Año	Segunda dosis Mes/Día/Año	Tercera dosis Mes/Día/Año	Cuarta dosis Mes/Día/Año	Quinta dosis Mes/Día/Año
Difteria, Tétano, tos ferina (especifique DTP, DTaP, o DT)					
Polio					
Hib (Influencia hemofilus Tipo B)					
Vacuna Antineumocócica Conjugada (PCV)					
Hepatitis B					
Sarampión- Paperas- Rubéola (MMR)					
Varicela (viruela loca). Esta vacuna se necesita sólo si el niño ha tenido la varicela					

¿Ha tenido el niño la varicela? Marque el cuadro adecuado y anote el año si lo sabe.
☐ Sí, año _____ (no necesita la vacuna) ☐ No, no tengo seguridad (necesita la vacuna)

REQUISITOS

PASO 3 Las siguientes son las vacunas mínimas requeridas de su hijo según su edad o grado en la escuela. Todos los niños dentro de esta categoría deben cumplir con estos requisitos. Los niños que cumplen año o cambian de nivel mientras asisten a la guardería deben poner al día su registro con las fechas de las dosis adicionales requeridas.

EDAD	NÚMERO DE DOSIS					
5 meses a 15 meses	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 meses a 23 meses	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³
2 años a 4 años	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicela
Al entrar a Kindergarten	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³ 2 Varicela

¹ Si el niño comenzó la serie de vacunas Hib a los 12-14 meses de edad, sólo se requieren 2 dosis. Si el niño recibió una dosis de Hib a los 15 meses de edad o después, no se requieren dosis adicionales. Se debe recibir un mínimo de una dosis después de los 12 meses de edad (Nota: una dosis 4 días o menos antes del primer cumpleaños también es aceptable).
² Si el niño comenzó la serie de vacunas PCV a los 12-23 meses de edad, sólo se requieren 2 dosis. Si el niño recibió la primera dosis de PCV a los 24 meses de edad o después, no se requieren dosis adicionales.
³ La vacuna triple viral (MMR) debe haberse recibido en el primer cumpleaños o después (Nota: una dosis 4 días o menos antes del primer cumpleaños también es aceptable).
⁴ Los niños que entran al kinder deben haber recibido una dosis después del cuarto cumpleaños (ya sea la 3^{ra}, 4^{ta} o 5^{ta}) para estar en cumplimiento (Nota: una dosis 4 días o menos antes del cuarto cumpleaños también es aceptable).

FECHAS DE CUMPLIMIENTO Y RENUNCIAS

PASO 4 **SI SU HIJO CUMPLE CON TODOS LOS REQUISITOS (firme en el PASO 5 y entregue este formulario a la guardería infantil)**
O
SI SU HIJO NO CUMPLE CON TODOS LOS REQUISITOS, (marque la casilla adecuada, firme y entregue este formulario a la guardería infantil).
☐ Aunque mi hijo no ha recibido todas las dosis de las vacunas requeridas para su edad, ha recibido por lo menos la primera dosis de cada vacuna. Entiendo que es mi responsabilidad obtener el resto de las dosis de las vacunas requeridas para mi hijo DENTRO DE UN AÑO y que debo notificar por escrito a la guardería infantil a medida que recibe cada dosis.
NOTA: Si no cumple con el programa o no reporta las vacunas a la guardería infantil, los padres podrán recibir una orden judicial y una multa de hasta \$25 dólares por cada día de incumplimiento.
☐ Por razones de salud este niño no recibirá las siguientes vacunas _____ (anote en el PASO 2 las vacunas que ya haya recibido)

Firma del médico

☐ Por razones religiosas este niño no recibirá las vacunas. (Anote en el PASO 2 las vacunas que ya haya recibido)
☐ Por razones personales este niño no recibirá las vacunas. (Anote en el PASO 2 las vacunas que ya haya recibido)

FIRMA

PASO 5 Este formulario se ha completado en forma precisa de acuerdo a lo mejor de mi conocimiento.

_____ Firma del Padre o Madre, Tutor, o Persona con Custodia Legal	_____ Fecha firma
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AVISO LEGAL (Legal Notice)

Inmunizaciones Obligatorias para Admisión en las Guarderías Infantiles de Wisconsin

Al Padre, Guardián o Custodio Legal de _____

La Ley de Inmunización de Estudiantes de Wisconsin exige que todos los niños que van a una guardería infantil tengan un número mínimo de las vacunas obligatorias. Se puede renunciar a estos requisitos sólo por motivos de salud, religiosos, o de creencias personales. De acuerdo con nuestros expedientes, su hijo no cumple con la ley porque la guardería no tiene un registro de vacunas o bien porque necesita una vacuna (vea abajo el motivo de no cumplimiento). Para cumplir con la ley, por favor indique en el Registro de Vacunas de la Guardería que incluimos, el mes, día y año en que su hijo recibió la vacuna requerida, o bien seleccione alguna de las opciones de renuncia, antes del _____ (fecha). Si no cumple con este requisito, podrá recibir una multa de hasta \$25 diarios o su hijo puede ser excluido de la guardería infantil.

En años previos, miles de niños de Wisconsin contrajeron enfermedades tales como el sarampión, tos ferina, y rubéola, y como consecuencia muchos de ellos resultaron con incapacidades graves. La Ley de Inmunización de Estudiantes fue aprobada para prevenir que estas y otras enfermedades que pueden prevenirse con vacunas dañen la salud de nuestros hijos.

Razón por la cual no cumple con la ley:

☐ **No hay registro** en la Guardería Infantil

Su hijo/a necesita las siguientes vacunas que han sido marcadas debajo:

DTP/DTaP/DT/Td

- ☐ 1^{ra} dosis
- ☐ 2^{da} dosis
- ☐ 3^{ra} dosis
- ☐ 4^{ta} dosis
- ☐ 5^{ta} dosis

Polio

- ☐ 1^{ra} dosis
- ☐ 2^{da} dosis
- ☐ 3^{ra} dosis
- ☐ 4^{ta} dosis

Hib

- ☐ 1^{ra} dosis
- ☐ 2^{da} dosis
- ☐ 3^{ra} dosis

PCV*

- ☐ 1^{ra} dosis
- ☐ 2^{da} dosis
- ☐ 3^{ra} dosis

Hepatitis B

- ☐ 1^{ra} dosis
- ☐ 2^{da} dosis
- ☐ 3^{ra} dosis

MMR

- ☐ 1^{ra} dosis
- ☐ 2^{da} dosis

Varicela*

- ☐ 1^{ra} dosis

*PCV means pneumococcal conjugate vaccine

** Si su niño/a ya ha tendió la varicela, la vacuna de la varicela no se requiere. Marque "Sí" a la pregunta que se trata de varicela en el Registro de Vacunación de la Guardería y escriba la fecha, si la sabe, de la enfermedad.

Agradeceremos su cooperación inmediata.

FIRMA – FUNCIONARIO DE LA GUARDERÍA)

Fecha firma

Day Care Center: Please be sure to attach a blank Day Care Immunization Record (F-44192S)